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**The claims fee has been calculated as shown below:**

SMALL ENTITY					OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	45	MINUS	* 75		X \$ 25	\$ 0
INDEP	3	MINUS	** 5		X \$ 100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$ 180	\$ 0
					X \$ 50	\$
					X \$ 200	\$
					+ \$ 360	\$
					OR	
					RATE	ADDITIONAL FEE

\* not fewer than 20

\*\* not fewer than 3

TOTAL= \$        0

TOTAL= \$

**The Application Size Fee has been calculated as shown below:**

*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY	OTHER THAN SMALL ENTITY	

## Petition for Extension of Time

[ ] Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

[X] The undersigned attorney petitions the Commissioner for Patents to extend the time for filing an Appeal Brief pursuant to the Notice of Appeal received in the U.S. Patent and Trademark Office on April 18, 2005 for 5 months, from June 18, 2005 to November 18, 2005 Under 37 C.F.R. § 1.136(a).

In lieu of filing an Appeal Brief, Applicants' Attorney is filing a Request for Continued Examination concurrently herewith.

## Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
	_____	\$ _____
	_____	\$ _____
		TOTAL: \$ <u>      0      </u>

## A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for 5 month Extension of Time	\$ <u>      1080      </u>
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
	Request for Continued Examination Filing Fee	\$ <u>      395      </u>
	_____	\$ _____
		TOTAL: \$ <u>      1475      </u>

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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 Rodney D. Johnson  
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Dated:

November 17, 2005